

Department of Social and Health Services

DP Code/Title: M2-2P Public Safety

Program Level - 040 Div of Developmental Disab

Budget Period: 2001-03 Version: D3 040 2001-03 2003 Sup Agency Req

Recommendation Summary Text:

This item provides residential and other essential supports to eligible division clients released from state hospitals who pose a public safety risk due to mental illness and/or challenging behaviors and to eligible clients scheduled for release from the Department of Corrections (DOC).

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	315,000	315,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	0	342,000	342,000
Total Cost	0	657,000	657,000

Staffing

Package Description:

The Governor's "Washington State Priorities" include a Public Safety and Health element to "Make our communities safer and healthier places in which to live and raise a family." Accordingly, to increase the safety and security of Washington State residents while a) reducing the incidents of reported violent crimes, and b) reducing the percentage of offenders released from prison who are convicted of new crimes within five years.

Developmental Disabilities Services (DDS) has a number of individuals on its caseload that present a potential risk to themselves or other persons in the community, and this decision package will allow DDS to increase its residential capacity to serve these individuals. This decision package addresses services to individuals in two categories:

1) Mentally Ill Offenders:

DDS will provide intensive supervision for five individuals with developmental disabilities being released by the Department of Corrections during the 2003-05 Biennium who were incarcerated for sexual offenses and violent crimes. This supervision will include residential and employment services.

Since the passage of the Dangerous Mentally Ill Offender (DMIO) Legislation (SSB 5011) in 1999, DDS has been requested to provide community protection services for those individuals with developmental disabilities being released from DOC. These individuals are currently competing for services with other individuals with developmental disabilities who need community protection services and who already reside in local communities.

This proposal would provide case management, residential, therapy and day programs for five individuals scheduled for release from DOC during Fiscal Year 2003. The DMIO committee (comprised of representatives of DOC, Department of Social and Health Services (DSHS), Community Mental Health and Law Enforcement) has identified the individuals as needing community protection services upon their release.

2) State Hospital Outplacements

DDS will provide intensive supervision for 15 individuals with developmental disabilities being released from state hospitals in Fiscal Year 2003. This supervision will include residential and employment services.

The issue of serving individuals with developmental disabilities in the state hospitals has been discussed by the department for

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several years. The number of individuals with developmental disabilities at the two state hospitals grew from 56 in August 1996 to a high of 92 in August 1998. In October of 1998, Western State Hospital was cited by the Health Care Finance Administration for failing to provide active treatment to persons with developmental disabilities during their commitment. The hospital was also cited for not placing persons who were determined stable. Subsequently, the hospital was also cited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for lacking specialized programs for this population.

In December 1998, the Secretary of DSHS established a collaborative workgroup with staff from DDD, the Mental Health Division (MHD) and the community mental health system. This workgroup was charged with developing a set of recommendations regarding how to reduce the unnecessary hospitalization of dually diagnosed persons, improving services during hospitalization, and facilitating the timely discharge of patients determined psychiatrically stable. Their report was published in April 1999.

In January 1999, the Washington Protection and Advocacy System (WPAS) filed a class-action lawsuit against the state (Allen vs. DSHS) alleging abuse and neglect of individuals with developmental disabilities. It further alleged that individuals were denied opportunities for discharge to community programs and were at risk of unnecessary involuntary commitment. The WPAS suit entered court-ordered mediation in October 1999 and reached a mediated settlement on December 2, 1999.

To support this agreement, the department prepared a three-phase program proposal for the 2000 Supplemental Budget. The first phase restructured services at the state hospitals to better meet the needs of individuals with developmental disabilities and increased the collaboration of community mental health and DDS services. Phase two made significant improvements in diversion activities to decrease state hospital admissions and prevent re-admissions. Phase three represents the development of a secure long-term treatment facility for individuals whose state hospital stay exceeds 17 days of active treatment. Individuals in the program are anticipated to return to the community, with adequate supports. The Legislature funded Phase three to be housed at the state psychiatric hospitals. These clients, when stabilized will require funding for residential, day services and therapy, which is included in the request for hospital outplacement slots.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package relates to the division's Strategic Plan through Goal 1-The Division of Developmental Disabilities will effectively and efficiently use resources to accomplish the values, principles, and the mission of the Division of Developmental Disabilities while maintaining accountability for public and client safety and authorized resources, and Goal 5-The Division of Developmental Disabilities will design and maintain an effective system of residential supports and services. Specifically, the components of the decision package will enable the division to provide community protection services to individuals being released from DOC, assist in implementation of the Collaborative Work Plan, and provide Residential and Day Program Supports for person determined likely to pose significant risks to public safety.

Performance Measure Detail

Program: 040

Goal: 03D Design/maintain system of residential supports and services

No measures submitted for package

Incremental Changes

FY 1

FY 2

Goal: 06D Effectively/efficiently use resources to accomplish values/principals/ mission

No measures submitted for package

Incremental Changes

FY 1

FY 2

Reason for change:

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1) Mentally Ill Offenders

Since the passage of the DMIO legislation, DOC expects that DDS will provide community protection services for people who are being discharged from the correctional facilities. At present, there is not enough funding available to provide services for the people coming out of the prison system and those individuals who need community protection services who are living on their own, in jail, homeless, or with family members.

2) State Hospital Outplacement

There are currently 14 DDS enrolled individuals residing at state psychiatric hospitals that have been identified as ready for discharge within this fiscal year. The division has six funded community placements remaining. It is expected that additional persons will be admitted to Western State Hospital (WSH) or Eastern State Hospital (ESH) within this fiscal year who will also require community placements, as well as individuals who were not DDS enrolled at the time of admission, but were made eligible during the course of their admission. These individuals will also require community placements.

Background:

There are three ways that DDS enrolled individuals get admitted to state psychiatric hospitals:

1) DDS enrolled individuals admitted under RCW 10.77 are referred by the court for competency evaluation and/or restoration. (These individuals are not eligible for diversion (Phase two) services and sometimes are not known to DDS in advance of their court-ordered stay at a state hospital). In the past 38 months, 34 individuals were admitted to WSH for competency evaluation. Forty percent were discharged to their previous residential setting while 60 percent remained at the hospital for treatment under RCW 71.05.

2) Clients who are not DDS enrolled at time of admission, but who are made eligible during hospital admission. In order to leave the hospital when ready for discharge, some of these individuals (as a result of the Allen and Marr settlements) will need funded community residential supports.

3) DDS enrolled clients admitted to the state hospital under RCW 71.05. In the past 38 months, approximately 155 un-duplicated individuals were admitted to WSH under this RCW. Ninety-two individuals were placed into the community under the public safety proviso funded outplacements, 44 remain at the state hospital for treatment and 19 were able to be discharged back to their previous setting without additional supports.

Phase two of the mediated settlement in "Allen v. WSH, et al."; the "MHD/DDS Collaborative Work Plan" calls for the development of a community infrastructure to support DDS enrolled individuals at risk of state psychiatric hospitalization. While Phase two services have successfully diverted over 225 state hospital admissions in the 2001-03 Biennium so far, individuals who are referred to WSH or ESH through RCW 10.77 and individuals who were not DDS enrolled at the time of their admission do not benefit from Phase two services (because they are unknown to the system) prior to their state hospital admission.

Impact on clients and services:

1) Mentally Ill Offenders

The individuals who will be served by this decision package are being returned to their communities after several years of being incarcerated for crimes they have committed. The majority of them have no family to return to, or they cannot return to the family home because the person they victimized is still living in the home.

A specialized environment will be provided that minimizes risk to the community, yet still enables these individuals to

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receive the services they need. The program will provide the needed structure that will enable the offenders the opportunity to transition from incarceration back to their communities. Other living arrangements would not provide for community safety.

2) State Hospital Outplacements

The funding provides residential supports, primarily through Intensive Tenant Support/Supported Living Services programs. It also provides day program assistance and professional therapies, such as counseling. The individuals who are admitted to WSH and ESH are determined to be class members of the Allen lawsuit or the Marr lawsuit, so delays in discharge once psychiatrically stable, could result in the inability of DDS to comply with the mediated settlement.

Impact on other state programs:

1) Mentally Ill Offenders

Not applicable

2) State Hospital Outplacement

Clients who are admitted to the state hospitals are funded through the MHD until at which time they are discharged from the state psychiatric hospital. It further affects operations of the MHD by placing them at risk for non-compliance with the mediated settlement in the Allen and Marr Lawsuits.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

1) Mentally Ill Offenders

Without the community protection program, the five individuals will be discharged from DOC with only minimal supervision from the community correction officer assigned to them and minimal contact with the Regional Support Network for therapies. Very few would qualify for Medicaid Personal Care services and Adult Family Homes or Adult Residential Care facilities because of the potential of victimizing other residents.

The best alternative is a specialized environment where the participant has agreed to supervision in a safe, structured manner that has specific rules, restrictions, and expectations for personal responsibility to maximize community safety.

2) State Hospital Outplacement

An option would be the continued hospitalization of individuals whose treatment teams have determined ready for placement. This could jeopardize hospital certification and accreditation and possible reactivate the Allen lawsuit due to non-compliance with the Allen and Marr mediated settlements.

Another option would be to place individuals back into the community setting they had prior to hospitalization. In many cases, they would return to their own apartments or family homes where their potentially dangerous behaviors would be unsupervised. In other cases where the individual was homeless they would have no place to return to. The alternative to

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request funding was chosen as it is the one option that reduces the likelihood of these individuals returning to the state hospital.

Budget impacts in future biennia:

There will be a bow wave to supporting these individuals.

Distinction between one-time and ongoing costs:

The higher levels of staffing at the RHCs will result in higher staffing levels and a resulting increase in carry forward levels of staffing and costs.

Effects of non-funding:

1) Mentally Ill Offenders

The individuals described in this decision package will be discharged from prison to their local communities with very minimal supervision and therapies. Many of them will be required to register as sex offenders with the local sheriff's office. Without providing community supervision, assistance to finding housing, and employment, they may re-offend and return to the correctional system.

2) State Hospital Outplacement

These individuals have no other residential options available to them, so if their supports are not funded there will be increases in psychiatric facility admission and lengths of stay in the state hospitals. This will not be acceptable to the federal court overseeing the states progress in the Allen and Marr mediated settlement.

Expenditure Calculations and Assumptions:

See attachment - M2-2P Public Safety.xls

<u>Object Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding				
N	Grants, Benefits & Client Services	0	657,000	657,000
 <u>DSHS Source Code Detail</u>				
Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	0	315,000	315,000
Total for Fund 001-1		0	315,000	315,000
 Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	0	342,000	342,000
Total for Fund 001-C		0	342,000	342,000
 Total Overall Funding		0	657,000	657,000